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PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** 30319.361

**First Named Inventor** Gandhi

**COMPLETE IF KNOWN**

**Application Number** 10 / 604,749

**Filing Date** August 14, 2003

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRUVATE ENRICHED ONION EXTRACT

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/14/2003 as United States Application Number or PCT International

Application Number 10/604,749 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :



A petition has been filed for this unsigned inventor

Given Name

Neena

Family Name  
or Surname

GANDHI

Inventor's  
Signature

*Neena Gandhi*

Date

August 21, 2003

Residence: City

Edmonton

State

AB

Country

CA

Citizenship

CA IN *Neena*

Mailing Address

c/o 250 Karl Clark Road

Mailing Address

City Edmonton

State

AB

ZIP

T6N 1E4  
T6N 1E4

Country

✓ CA *Neena*

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

Mahinda

Family Name  
or Surname

WETTASINGHE

Inventor's  
Signature

*Mahinda Wettasinghe*

Date

Aug 21, '03

Residence: City

Edmonton

State

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Country

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Citizenship

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Mailing Address

c/o 250 Karl Clark Road

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City Edmonton

State

AB

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T6N 1E4

Country

CA

☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/81 (02-01)  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/604,749
Filing Date	August 14, 2003
First Named Inventor	Gandhi
Title	Pyruvate Enriched Onion Extract
Group Art Unit	
Examiner Name	
Attorney Docket Number	30319.361

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Neena GANDHI

Signature

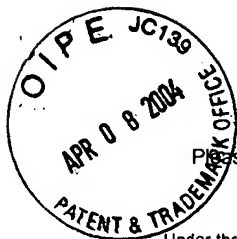
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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Filing Date	August 14, 2003
First Named Inventor	Gandhi
Title	Pyruvate Enriched Onion Extract
Group Art Unit	
Examiner Name	
Attorney Docket Number	30319.361

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Mahinda WETTASINGHE

Signature

*Mahinda*

Date

Aug 21, '03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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